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ABSTRACT

The first 5 years (Phase I) of the New Orleans Parent-Child Development Center (PCDC) project are described in this report. Funded in 1970 by the Office of Economic Opportunity, the New Orleans PCDC project, like two other PCDC projects, was aimed at developing a parent education model which would help low-income mothers enhance the development of competence in their infants and 3-year-old children. The PCDCs were developed within the framework of a carefully planned research strategy consisting of two phases. In phase I the models were to be developed, refined, evaluated and documented. If the preliminary results showed promise, Phase II tests of the replicability and generalizability of the models were to begin. The New Orleans PCDC program produced a model designed for direct intervention with participating mothers. This final report of Phase I of the New Orleans PCDC project summarizes the theory and rationale on which the model is based; the development of the New Orleans Model; the programs which were developed from the model; the research design and evaluation strategy, and the results which indicate the impact of the program on the mothers and children who participated in the first 5 years. Finally, the implications of the New Orleans PCDC experience are discussed. (Author/RH)

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FIVE-YEAR SUMMARY

OF THE

NEW ORLEANS PARENT-CHILD DEVELOPMENT CENTER

OCTOBER, 1976

GRANT NO. DHEW-90-C-381

OFFICE OF CHILD DEVELOPMENT

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This report is the cumulative result of six years of contributions by many people. The mothers and children who have been a part of the New Orleans Parent-Child Development Center have done more than participated; they have significantly contributed to the development of the program and the evidence of its success.

The staff of the New Orleans PCDC deserves special recognition. The authors merely wrote the report; both the program and the research evidence were provided by the staff. Space does not permit a listing of all past staff members or specific contributions of present staff; however, the following people have all played a role in the research and developmental effort of the past six years:

Administrative and Support Staff:

Barbara A. Marsalis, Assistant Director; Edna Bruno, Ongel Archie, Loretta Graham, Evelyn Young, Lionel Williams and Theodore Washington.

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PREFACE

Several years ago, three Parent-Child Development Centers (PCDC) were funded by the Office of Economic Opportunity in response to a growing concern that many low-income children in the United States perform well below average in school on tests of achievement and developmental abilities (Bloom, 1965; Hess, 1969). Research had shown that these developmental differences were discernible as early as age 3 and were heavily influenced by the child's early environment.

The PCDC project was aimed at developing a set of parent education models which would help low-income mothers enhance the development of competence in their children. In developing these intervention models, several requirements had to be fulfilled. The parents of low-income children had to be the primary recipients of the intervention effort. The PCDC models had to involve the mothers and their infants between birth and three years of age. Model developers were also encouraged to draw upon the existing knowledge base about child development and educational methodology, as well as experience gained from previous and current intervention efforts in conceptualizing the models.

These PCDC's were developed within the framework of a carefully planned research strategy. A two-stage experimental plan based on a set of general objectives for the research and developmental process necessary for educational innovation guided the project. The first stage was to last five years. During this period, the models were to be developed, refined, and thoroughly

evaluated and documented. If the preliminary results showed promise, the second stage of the long-range plan was to test the replicability and generalizability of the models.

Anticipating many of the criticisms of this genre of field research, an attempt was made to control as many confounding variables as possible in a sound experimental research design for each model. The evaluation strategy was designed such that it was as consistent as possible with the theory and rationale of the model, the program's goals and the curricular experiences of the program participants. The most difficult problems faced in the evaluation planning were the limitations imposed by the state-of-the-art of psychological and educational measurement.

The New Orleans PCDC was funded in 1970 as one of the three PCDC's involved in this national effort. The program developed to serve the residents of the inner city area of New Orleans known as Central City. The large majority of Central City residents are low-income Blacks.

This document is a final report of the first five years, Phase I, of the New Orleans Parent-Child Development Center Project. It summarizes the theory and rationale on which the model is based; the development of the New Orleans Model; the programs which were developed from the model; the research design and evaluation strategy, and the results which summarize the impact of the program on the mothers and children who participated in

these first five years. Finally, the implications of the New Orleans PCDC experience are discussed.

INTRODUCTION

The New Orleans Model is a multi-faceted, community-based parent education program which includes support for mothers both as adults, and support for them in the mothering role. The basic assumption underlying the model is that the environment of the low-income mother creates serious external and internal stresses which affect her in such a way that, while she may be deeply attached to her children, her interaction with them is often not supportive of their development of competencies needed to function effectively in the larger society.

The tendency of some low-income mothers to interact less than optimally with their children can best be interpreted within an interactionist and ethological framework. The mother's interaction with her children reflects her own attitudes, beliefs, and information. These are a result of a life-long interactive process with the environment.

Added to the real economic strains that low-income mothers experience, are difficulties of low status, unstable jobs, lack of access to health and social resources, and minimal influence on the social organizations and institutions which affect their lives. Low-income adults have a restricted availability of alternatives open to them. As Hess and Shipman (1968) point out, "lack of economic resources, of power, of education, set barriers to social and physical mobility and reduce opportunities for choosing among options

concerning areas of residence, education, and employment...the medical services at their disposal are severely limited, and they cannot afford to engage other services or facilities in the community." In addition, low levels of literacy and/or education and a consequent lack of skill in obtaining information make it difficult for them to manipulate or utilize those alternatives which would be open to them. Finally, there is a lack of prestige that low-income members of our society experience, especially if they are also minority group members.

All of these experiences may contribute to a negative self-image, lower self-esteem, lower motivation and a sense of powerlessness which affects the parent's interactions with their children, with the result that their children also develop low self-esteem lack of achievement motivation, and low expectations of success or mastery over the environment.

Most parents, regardless of class or race, feel the need for support in their parenting roles. Low-income adults, in addition to the general environmental stresses they face, also have special problems as parents. They lack the access to adequate resources needed for solving basic problems of child-rearing, such as access to health, adequate housing and nutrition for their children. They also lack access to child development information resources that middle-class parents often have available. Finally, their low educational attainment often interferes with confidence and ability to be appropriately supportive of their own childrens' educational experiences and goals.

The New Orleans Parent-Child Development Center was aimed at providing a supportive environment for low-income mothers, which would both increase their own feelings of competence as adults, and help them develop increased skills, abilities and confidence as parents.

THEORY AND RATIONALE OF THE MODEL

Possibly the most difficult task in developing the New Orleans Model was to create a program which would increase parenting abilities, while recognizing the special circumstances of the parent group it served. The program had to be responsive to the problems of the low-income mothers, responsive to the sub-culture of the target area and responsive to the parents' child-rearing needs. Model development, therefore, focused simultaneously on three questions:

(1) What are critical maternal behaviors which enhance child-competence?

(2) How can low-income mothers best be taught about these behaviors?

(3) How can the program best enhance mothers as adults?

Theory and empirical findings bearing on these questions are summarized in the sections to follow.

Much of the literature surveyed on the environmental influences on the child's development was based on social class differences in maternal behaviors. There are two assumptions often inherent in this literature, and both were questioned. First, when class differences are present in a particular maternal child-rearing behavior, the middle-class mother's behavior

is concluded to be the best for optimal child development. The assumption is that all middle-class childrens' behaviors are desirable. This is obviously not so. Second, there is an assumption that the existence of class differences in maternal behaviors are evidence for a causal relationship between these maternal behaviors and child development. It is our belief that assumptions about the effect of maternal behavior on development should only be based on studies which directly relate mother behaviors to child outcomes.

In the next section, the discussion focuses on theory and findings directly relating maternal behavior to the child's development. Literature on maternal interaction of low-income mothers is then interpreted within the context of the larger knowledge base about what mother behaviors are good for all children.

A. The Mother As An Enhancer Of Her Child's Intellectual And Social Development

The theory of child development which underlies the New Orleans Model is the interactional model of both intellectual and social development. Leaning heavily on the work of Piaget, Bowlby and Ainsworth, this model posits that the child's intellectual and social development is a result of continual interaction between the child and his environment from the time the child is born. In this view, the individual brings to each new experience a set of biological characteristics, plus a store of previous experiences with the environment. Novelty is experienced within a context of biology and past history, and new environmental encounters cause individuals to actively reorganize and restructure previous experience. (Piaget 1954, 1955, 1963, 1969; Bowlby 1969; Ainsworth 1972).

The notion that all environments are not equal, and do not all equally enhance the child's development has been with us since before Freud. In 1961, Hunt published his interpretation of the implications of Piaget's theories, focusing on the idea that the development of intelligence was related to the nature and quality of environmental circumstances. The poverty programs of the 1960's with their emphasis on education highlighted the idea that the quality of the environment was a potent facilitator of intellectual as well as social development.

Coupled with Piaget's interactionist view of child development, attention shifted to the role of the home as the young child's primary environment, and especially to the mother as the primary caretaker. This shift reemphasized the potential of mothers as mediators of the child's intellectual and social development.

Three main skeins of maternal behaviors throughout the child's early years seem to strongly effect the child's development of competence. These include maternal affective behaviors, especially behaviors which seem to effect the early attachment bond; maternal socialization behaviors; which seem to effect the child's development of motivation; and maternal cognitive and linguistic behaviors.

1. Maternal Affective Behaviors, the Attachment Bond, and Infant Development

One of the major outcomes of early mother-infant interaction is the formation by the infant of attachment. Attachment can be viewed within an evolutionary or ethological context (Bowlby, 1969; Ainsworth, 1972). Within this context, it is thought that the human infant has an innate need for an attachment relationship. As the infant interacts with the environment, in the form of the primary caretaker (usually the mother), an enduring affective bond is formed. There has been strong anecdotal evidence for centuries that the affective quality of the mother-child bond can vary greatly. Ainsworth and others have recently

shown that not only do different infants seem to form qualitatively different kinds of attachment bonds, but that certain maternal behaviors seem to be consistent antecedents of differential infant attachment. These behaviors are sensitivity to the child's subtle needs and signals; acceptance and the display of positive affect; responsiveness, especially to infant crying; and maternal cooperation with infant-initiated behavior. (Ainsworth 1969, 1971, 1972).

The quality of the early attachment bond, and the quality of early maternal attachment behaviors, effect both the infant's affective and cognitive development. Infants with strong attachment bonds are usually more socially responsive to the mother, which causes the mother to interact in a more accepting, sensitive, and responsive way, which, in turn, reinforces the infant attachment bond. This bond, or relationship has long been seen as an organization of behaviors and responses which will affect, in some way, all of the child's future emotional relationships. For example, Erikson proposes that the child must pass through a stage of learning to trust, and that a secure attachment to the mother is the first part of the child's development of a sense of trust in h's mother, in other humans, and in himself. (Erikson, 1950).

A strong early attachment has also consistently been found to serve as a secure base from which the infant can explore his environment, and strange environments. A variety of studies have shown that infants

who have warm, accepting, sensitive mothers, and secure attachment bonds show more exploratory behavior, and also less stress in strange environments. They are able to focus their energy and attention on exploring their environment, and to feel that strange environments are not necessarily threatening. Infants who have insecure attachment relationships seem to need to focus their energy on that relationship, and not only have less energy or attention for the environment, also feel more threatened by strange environments.

It is not surprising, since environmental exploration is inextricably related to early cognitive development, that securely attached infants have also shown more rapid rates of early cognitive development on Piagetian concepts such as permanence of persons and concept of the object. Securely attached infants have also shown increased attention and responsiveness to the environment (Ainsworth 1969, 1971, 1972).

There has also been consistent evidence that early maternal contingent responsiveness to distress not only enhances the attachment bond, but is also related to infant's attentional behavior, and is reflected on a variety of infant behavioral indices (Lewis and Goldberg, 1969; Yarrow and Rubenstein, 1975). It seems as if maternal responsiveness to distress facilitates the infant's motivation to interact with his environment, reinforces the infant's attempts to actively cope with the environment, and creates a generalized expectancy on the part of the

infant that through his own actions (cries) he may have an effect both on others and on his environment. It is clear from Piaget's theory and diverse empirical studies that both basic cognitive development, and more culture-specific academic and other achievement do not simply occur - the child has to want to affect or master his environment, and to feel there is a reasonable chance of so doing. Every child is born with this intrinsic motivation to learn about and master his environment, which R. White (1959) called "effectance motivation." Exploration of the environment, curiosity, attempts at mastery, are all characteristic expressions of effectance motivation.

In summary, mothers' early attachment behaviors - warmth and acceptance, sensitivity, cooperation and contingent responsiveness to their infants - are seen as critical in several areas of the child's development: (1) in the development of a secure attachment bond between infant and mother; (2) in the development of increased infant social behavior toward the mother; (3) in the development of the child's future relationships with other people; (4) in the enhancement of the child's intrinsic exploratory behavior, early sense of mastery, and effectance motivation; (5) in the development of attentional skills toward the environment; (6) in enhancing object and person-related aspects of early sensory-motor development. Bronfenbrenner (1974) says of maternal-child interaction which takes place within a strong attachment bond... "It will enhance motivation, increase frequency and power of contingent responses, produce mutual adaptation in behavior, and thereby improve the parent's

effectiveness as a teacher of the child, further the child's learning and in due course, establish a stable interpersonal system capable of fostering and sustaining the child's developing in the future."

2. Maternal Socialization Behaviors and The Child's Continued Development of Effectance Motivation

The mother has several roles which can potentially enhance or impede her infant's development of a continuing sense of and desire for mastery over the environment. One role (above) revolves around her effective behaviors. Her continuing responsiveness and sensitivity to her child's signals continue to indicate to him that he is capable of bringing about responses from others.

Another role begins slowly developing whenever the infant interacts with an object in his environment, and the mother responds to his actions. By about 4 months, the infant begins to develop intentionality toward objects in his environment. Mastery over environmental objects is characterized by Piaget as involving successive series of assimilations of novel attributes and accommodation by the infant of existing cognitive structures to subsume the novel attributes. This cognitive mastery is pleasurable to the infant, stimulates further desire to explore, enhances effectance motivation, and is the mechanism through which the content of cognitive and intellectual abilities is developed.

Between 10 - 18 months, infant exploratory behavior peaks, and combines with the ability to move around actively. Although there is some vocabulary and receptive language present, the infant is still largely non-verbal at this time, and cannot communicate verbally to the mother about what he is doing. It is at this stage of "getting into everything" that deliberate parental attempts to control and share the child's behavior (socialization) usually begins. When this is characterized by insensitive restriction and negative reinforcement, the child not only begins to feel less effective, he also explores less and pays less attention to the environment. As the child "learns not to learn," his cognitive development is affected.

It has been found in a large number of convergent studies that maternal encouragement and praise of the child's attempts at mastery, coupled with maternal consistency and explanatory and rationale-based control when control is appropriate, results in a greater amount of child independence behavior, and also more child self-control and compliance with parents' wishes.

In their mature form, the young child's desire for mastery, or effectance motivation, becomes a generalized notion of self, and includes ego motives (Kohlberg, 1973). A positive self-concept, as an adult, has roots in maternal responses to the child's early attempts at achievement and mastery. As the child's linguistic skills develop, the parent can also directly affect the child's self-concept through language. Maternal praise and positive reinforcement have shown powerful ability to enhance child's learning and performance. Criticism, hostility, and negative reinforcement have been shown to

retard learning and performance.

Achievement motivation, which is more culture bound than effectance motivation, has been found to be directly related to specific parental reinforcement of the child's attempts at mastery and achievement.

It is also through the mother's control strategies that the child begins to learn a set of cognitive styles with which he approaches the world, processes information, and attempts to affect it, (Hess and Shipman, 1965, 1969). Maternal control strategies have been consistently found to be related to the child's cognitive performance. Consistent, explanatory, and rational maternal control techniques, as compared to arbitrary, imperative, or rejecting control, enable the child to predict order and sequence, to "mesh" with the world and see it as a logical place, one in which the discovery of logical relations is possible. (Hess and Shipman, 1965; Bronfenbrenner, 1969; Hess, 1970; Baumrind, 1967). Finally, the motivational and cognitive effects of the mother's control styles seem to come together in the child's problem-solving abilities.

3. Cognitive and Linguistic Development

Several maternal affective and socialization behaviors have been cited which effect both the child's affective and motivational behavior, and the child's cognitive development. For example, attachment behavior affects exploratory behavior, which, in turn, mediates early cognitive development.

This is an example of the way in which the child's cognitive and affective development are interrelated and have reciprocal effects on one another.

In the Piagetian view of intellectual development, cognitions are structures, and cognitive development takes place through change in cognitive structures, brought about by experience with the environment, the child continually reorganizing structures to obtain a better fit between the existing structure and the new environmental experience. Interactions with the environment stimulate learning or development if they arouse interest, enjoyment, and challenge in the immediate experience of the child. The mother can enhance her child's cognitive development by helping bring about these conditions, or can impede cognitive development by discouragement, negative reinforcement, or by providing a lack of interesting, stimulating, or challenging environmental experiences. The environment is challenging for the child when it provides a slight mismatch with the child's existing cognitive structure, stimulating the child to reach a new accommodation.

Two longitudinal infant studies have substantiated the hypothesis based on Piaget's work (Hunt, 1961), that variation in stimulation for various receptor modalities is critical for early infant cognitive development. (Yarrow, 1975; Clarke-Stewart, 1973).

As the infant moves into the peak sensori-motor exploration period (age 12 months and later), it has been shown that maternal encouragement

and praise of the child's exploratory and initiatory activities, active participation, facilitation, and a maternal "sponsor-helper" role, are all positively related to the child's intellectual development (Hess and Shipman, 1965, 1969; Carew, 1974).

When the child moves into a period, from 18 months to age two of using internal signs, and from age 2 on of symbolic functioning, he is also acquiring language and learning to utilize it. Maternal language becomes critical during these stages. Not only does it provide a language model for the child, but also the way that maternal language is used teaches the child what is important for him to attend to; how to give order, structure, and meaning to the relevant environmental stimuli, and how to process both directly and symbolically, the information (Hess and Shipman, 1968).

Mother's language style, especially abstraction and elaboration, has been found to be related to the child's scores on the Stanford-Binet and other intellectual measures. Even more important than the amount of language is the way mothers use it with their children. Use of specific language with a great deal of labelling, positive feedback, and attention to distinctive invariant features of the environment, is critically related to the child's intellectual performance (Hess and Shipman, 1968). Optimal maternal behavior for child cognitive and language development after age 24 months thus reflects both a content dimension -- mother's ability to utilize language to abstract the essentials of environmental objects and encode them in language -- and a quality dimension -- mother's ability to interpret and respond to the

child's behavior, including an understanding of the child's needs, intentions, and limitations, and loving support for the child's attempts at achievement and mastery over his environment.

4. Interaction of the Low-Income Mother With Her Child

A number of differences in maternal-child interaction behaviors have been found in the last decade between mothers from different social classes. As stated earlier, social class differences in mother behaviors are not necessarily related to child competence, but there are several class related behaviors which have been identified as important to child development.

In the Hess and Shipman study that related maternal language style, control style, conceptual style, and teaching style to the child's intellectual performance, it was found that low-income mothers tended to convey less information by using restricted language styles and less overall language than middle-class mothers. It was also found that low-income mothers tended to use more arbitrary control techniques, rather than rational and explanatory techniques (Hess and Shipman, 1968; Gray and Klaus, 1968; Gordon, 1969). Some low-income mothers tend to show the child less reward for achievement, less encouragement of exploratory and curiosity behavior, and less praise and positive reinforcement of the child's task-oriented behavior. Those maternal behaviors have often been linked to lower self-esteem and less achievement motivation on the part of the mother's themselves. (Hess, 1970; Kirschner, 1970; Hess and Shipman, 1965, 1968).

Although these critical maternal techniques are often related to the mother's socioeconomic status, not all low-income mothers use more negative techniques. There is always a great deal of individual variation. The research also clearly shows that the child's development is not related to the mother's social class per se, it is instead related to the mother's interaction style. It is through the mother's interaction with the child, and through the mother's structuring of the child's environment, that social class influences the child. (Hess and Shipman, 1968; Yarrow et al, 1975; Clarke-Stewart, 1973).

"Parents cannot construe their children's relationship with the world in fundamentally different ways from their own. To change parents' child-rearing practices, we must first change their experiences and relationships with the world." (Scheinfeld, 1969). Low-income mothers who do not have positive self-concepts, who do not feel acceptance by the larger society, who do not see the world as a logical, ordered place, will not interact with their children in such a way as to transmit these concepts. It is hard for a parent to be loving, warm, accepting, encouraging, and highly verbal in an elaborated way, when she is really feeling frightened, angry, frustrated, or simply apathetically resigned to the world.

Conclusions

The mother has a critical role in the child's early development of development of attachment and social behaviors, exploratory behavior, effectance motivation, and cognitive and language skills. These findings form the basis of the child development information which is offered to mothers

in the New Orleans PCDC program. The New Orleans Model makes the assumption that there are certain critical maternal behaviors which are appropriate regardless of class or ethnic group membership.

The social, motivational, and cognitive orientation of the mother is a result of her experience with her environment. The parent education methods used in the program must provide an environment which will help mothers gain a feeling of greater control over their lives.

B. How to Create an Effective Educative Process Which Enhances Mothers as Adults

The questions which were addressed in developing the parent education process were: (1) How do adults learn -- what methods are most effective and appropriate, and (2) How can a program enhance mothers as adults -- specifically low-income mothers.

Systematic studies of methodology or program effectiveness, especially with low-income mothers, have not been done. However, the history, philosophies, goals and assumptions of parent education provides a context for the development of the New Orleans Model.

1. Overview of History of Parent Education

Substantial technological and social changes in the United States in the last 75 years have dramatically changed the family's traditional child-rearing practices. These changes and their consequent effects on the family have been described by many writers.[1] Technological and life-style changes tended to isolate parents from their old cultural traditions; expose them to new ones; and confront parents with the need to create a new, more appropriate context for child-rearing. Additionally, the growth of the behavioral sciences emphasized that perhaps there was a better way to raise children than in the past. Finally, parents also wanted to raise their children to become "better" than themselves.

[1]Brim, 1959 focuses on the impact of these changes on parents.

Parent education gained popularity as a response to parents' needs for evolving new roles within a changing social context, and in the last few decades there has been tremendous growth of a great variety of parent education programs. These programs generally share a common philosophy and goals: to increase parents' competence by helping them become more familiar with basic concepts of child development, and the role of parental attitudes, values, and behaviors in the child's development. An additional philosophic base common to many parent education programs is the need for parent self-growth. It is often assumed that before parents can understand their children's needs, they must be able to understand themselves.

Parent education programs currently utilize a large variety of methods, and include one-to-one counseling, group discussions, PTA programs, lectures, films and newspaper, and magazine columns. Parent educators include pediatricians, child psychologists, social workers, the clergy, and teachers. There has been little systematic assessment of the effects of this popular trend to parent education. However, it is known that many of these parent programs reach only that segment of the population which is aware of their existence, consciously feels the need for education in parenting, and has the time, energy and often money to devote to such pursuits.

2. Role of Parents in Parent Education Programs

The most common role model in parent education is the giver-receiver model. In this relationship, there is an "expert" who gives the knowledge, and a recipient, the parent. This model assumes that parents will listen to and act on the advice of the experts. It also assumes that

the experts know best, and that parents should adapt to the information or behavior suggested. The giver-receiver model dates back to even earlier parent education programs. For example, in the late 1800's child study groups were formed by parents. Even though the parents provided the impetus for the groups, many groups were conducted on a lecturer-listener or giver-receiver basis.

The giver-receiver model reflects both the pressure of parents to be given answers, and the confidence of the parent educators that they have the answers. Some parent education programs, especially recently, have recognized the desirability of encouraging independent choices, behavior and attitudes on the part of the parent, and have tried to view the parent as a partner in the education of the child. However, the giver-receiver model is very resistant to change, and although many programs have described themselves as trying to help parents become more competent and independent, the actual experience of the parents has often been as much less than partners.

3. Parent Education for Low-Income Adults

Two related movements, interest in and study of the early environments of children, and the compensatory education movement that dominated early education in the 60's served to increase the focus on parent education for low-income families. The desire to improve the child's educational performance, and the view of the family as a contributor to his school difficulties, made the low-income family a target for intervention.

Many of the early parent education programs which developed were based on a number of assumptions, many of which are now known as the

"deficit approach." Unfortunately, and perhaps in retrospect, program developers did not recognize the implications of the "deficit approach" to early education in low-income and minority areas. "The potential insult of the self-esteem and competence of the mother and its possible impact upon her and the child were too frequently ignored" (Goodson & Hess, 1975). The "deficit" model is a version of the giver-receiver model. It places the intervention program in the role of giver, or expert, and the parent in the lower status and lower self-esteem role of receiver.

The giver-receiver model is particularly inappropriate for low-income parents. These adults already experience a social environment which is potentially destructive to feelings of competence as adults. The expert orientation of intervention programs may lead to further reduced feelings of competence as parents.

Many intervention programs are based on theory which, like ours, state that the parents' role in the child's development is critical, and that the best way to enhance low-income children's development is to support and strengthen parenting skills. Many programs also, like ours, recognize that low-income adults' self-esteem may be low, and may interfere with the development of optimal child-rearing behaviors.

If program developers believe in the importance of the parents' role, and in the need to support and strengthen parents, it is necessary to set up a parent education program which will maximize the parents' experience of competence, while at the same time making available to them what is known

about child development. In developing the most effective educational process for the low-income parent, it is inconsistent to place the mother in a role which accentuates an educator's status and expertise in relation to her own, or which suggests she give up a certain amount of autonomy in raising her child to follow a prescribed approach which might be incompatible with her own personal style or beliefs.

Conclusion:

It is possible that the important factor to consider in developing a parent education process for low-income mothers is not so much which specific teaching technique is most effective, (group session, role playing, one-to-one, etc.), but the breadth of the goals and objectives of the program, and the role parents are asked to play. It is also probable that a variety of teaching techniques within a single program, especially a multi-faceted one, will have a greater probability of use and success than any single technique.

The educative process which is created must be flexible enough to meet parents' multiple as well as individual needs. The process should be as supportive as possible of the parents and bring multiple resources to bear on the many problems associated with poverty and with parenting.

Programs for parents must also be able to accommodate to diverse family,cultural and ethnic values, attitudes and life-styles. Parents have many individual skills and abilities and these strengths should be

the basis of the program which serves them. The ultimate effect should be to foster a situation which enhances mothers' feelings of mastery as parents and self-esteem as individuals.

THE NEW ORLEANS PARENT-CHILD DEVELOPMENT CENTER MODEL

The review of child development literature and parent education programming provides the necessary framework to describe the model underlying the New Orleans program, to describe the general goals of the intervention effort, and the procedures developed to achieve these goals. The description of the Model is organized in two sections: First, the goals of the New Orleans PCDC are discussed, and second, the major defining elements of the Model are described. The ultimate goal is to develop a parent education program which will help low-income mothers optimize the development of competence in their children.

A. Goals of the New Orleans PCDC

The New Orleans PCDC program is specifically designed to work directly with the mothers. The goals for the children are reached through a chain-of-effects. The program staff works with the mother who, in turn, has the major influence on the child. It cannot be stressed enough that the New Orleans Model does not attempt to reach the goals for children directly by structuring a children's curriculum around those goals. In order for changes in children to be obtained and sustained, congruent changes in parents are necessary prior to the changes in children.

The goals for children, the goals for the mother, and the goals for the program environment will be discussed separately even though they are highly interrelated.

1. Goals for Children

The New Orleans PCDC's goals for children are both theoretically and empirically derived, and are largely compatible with White's (1973) work. Most of these abilities also fit well within Piaget's description of the course of child development. The definition of competence includes three (3) major areas: Social, affective, and motivational skills, cognitive abilities, and linguistic abilities.

Social, Affective,and Motivational Skills

a. a desire for exploration and intellectual mastery and the development of a sense of pride in achievement

b. the ability to form positive, affective relationships

c. the development of feelings of self-worth,and independence

d. the ability to use adults as resources, and to get the attention and help of adults in appropriate ways at the appropriate times

e. the abilities to both lead and follow peers

f. the abilities to express both affection and hostility appropriately to both peers and adults

Cognitive Abilities

a. the ability to manipulate abstractions, such as symbolic concepts, numbers, and letters

b. the ability to anticipate consequences

c. the ability to note discrepancies

d. the ability to make associations

e. the ability to take the perspective of another

f. attentional skills, such as the ability to focus on a task

g. the ability to plan and carry out multi-step activities, solve problems, and utilize resources effectively

Linguistic Abilities

a. receptive abilities - the ability to understand language

b. expressive abilities - the ability to utilize language to convey information - about oneself, one's feelings and ideas, and about the environment.

This definition of competence includes a number of abilities and skills that are universal outcomes of the developmental process, and which seem most likely to help the child function effectively within the context of our society. The definition of child competence and the related goals

are equally applicable to all classes of children. A competent individual participates effectively in any of the educational, economic, and social aspects of society he chooses. Without the appropriate knowledge or skills, there are few choices open to individuals, and many unhoped for and unplanned failures. The New Orleans PCDC's goals do not specifically list achievement in school or high IQ test achievement, although many of these goals have been found to be related to school and test achievement.

2. Goals for Mothers

As stated earlier, the only real criteria for making assumptions about maternal behaviors which affect the child's development of competence were empirical findings from studies directly relating mother behaviors to child outcome, and not on socioeconomic differences. Much of the individual variation in child competence by age three can be traced to variations in mother-child relations in the environment the mother provides for her child in the first two or three years.

An important assumption of the New Orleans Model is that the mother's information, attitudes and behaviors all have an effect on the way she structures her child's environment. Information, attitudes and behavior are all interrelated. It is almost impossible to separate their relative effects on the child. In order to increase the probability of having a meaningful impact on the child's development, the two major New Orleans PCDC goals for mothers include all three:

Goal 1: To increase the mother's parenting abilities.

a. Information Acquisition: to increase the mothers' knowledge about alternative ways of dealing with problems of child-rearing, child

development principles, the relationships between early experience and later behavior, ways of structuring the home environment, preventive health care.

b. Attitudes: to help mothers recognize the significance of their role as parents, their beliefs in their child's potential to be an adaptive and successful young adult, to help mothers be more accepting, of, and sensitive to their child's needs.

c. Behavior: to increase those maternal interaction behaviors the literature review reveals are most probably beneficial to child's development of competence:

(1) Warmth and demonstration of positive affection
(2) Contingent responsiveness
(3) Encouragement of child's activities
(4) Praise
(5) Varied and contingent stimulation (infant)
(6) Cooperation not interference with child-initiated activity
(7) Cognitive-based, rational and consistent control, including notion of age-appropriate behavior
(8) Positive reinforcement for achievement
(9) Provision of opportunity for and reinforcement of age appropriate activities

(10) Provision of opportunity for and reinforcement of exploration and curiosity behavior

(11) Maternal sponsor-helper-participant role in child activities

(12) Provision of a language model which utilizes elaboration, labelling, focusing, abstraction and feedback

Goal 2: To increase mother's sense of personal competence and mastery over the environment.

(a) Information Acquisition: to increase the mothers' general information about health care, home management, community resources, methods of seeking and giving information to other adults.

(b) Attitudes: to increase mothers' view of themselves as competent, improve self-esteem, and feelings of control over environmental situations.

(c) Behavior: to increase mothers' skills in interacting with other adults, in obtaining information, to increase frequency with which mothers use available resources and solve problems in their life.

It is important to note that all of the program goals for mothers are stated in terms of increasing a mother's abilities rather than reaching any particular level of excellence.

3. Goals for the Program Environment

As was discussed in some detail in the literature review, there are many special characteristics, circumstances and experiences of the low-income mother which effect not only the environment she provides for her child, but also her self-image and her learning style. The program environment must be appropriate for these special circumstances.

(a) Program needs to maximize the status, self-esteem, and perceived power of the mother participants.

(b) The interrelationships between staff and parents must be conducive to the mother's personal growth and development.

(c) The model and program must be responsive to the parents' needs and wishes and still be flexible enough to meet the needs of a wide-range of cultural and ethnic values, attitudes, and life-styles.

(d) Maximize the opportunity for meaningful adult learning. Regardless of the specific techniques used, all learning experiences should be characterized by an open, accepting exchange of information of feelings and of experiences which are necessary for individuals to incorporate new thoughts in ways that are personally meaningful.

(e) Use methods and techniques which support meaningful adult learning such as role play, modeling, demonstration, and observation.

(f) Provide support services to minimize sources of environmental stress so parents can more fully benefit from the program experience.

In summary, the New Orleans PCDC's goals are general, they guide our philosophical approach to parent education, any number of models and programs could list these same goals and develop a program which is considerably different from the New Orleans PCDC. The ways in which these goals are operationalized are the important determinants of the model and the program. The goals for mothers largely relate to the multi-dimensional component structure of the New Orleans Model and to the specifics of the curriculum content. The goals for the program environment lead to the three other major features of the model: a community-based paraprofessional staff, the supportive context for adult learning,and the training model. These four major model features will be discussed in detail in the following pages.

B. The Model and Its Major-Defining Features

An important, if not arbitrary, distinction is made between model and program. In New Orleans, the model is a set of general principles which considered together with the goals can generate a program. A number of different programs could be generated by the New Orleans Model; however, the number of interpretations is greatly reduced by the limits of the model. A model is a more abstract and general conceptualization than a program. In New Orleans, the model represents an attempt to abstract out the essence or most important aspects of the educational experience and process for the mother.

The program includes a description of all details of program operation. Many of these details are situation specific and could vary somewhat each time the model was duplicated. For example, a model might determine that supportive health services that meet parents' and children's health needs be provided. However, the way a program implements the health services would depend on the particular parent groups' needs and available community resources.

There are four major features which define the structure and process of the New Orleans PCDC model:

(1) A community-based staff - a staff of program trained educators from the same community and cultural background as the program mothers.

(2) A Supportive Atmosphere for Adult Learning - Conducive to mothers' personal growth and development through the establishment of the helping relationships in which both participants are equals.

(3) A Training Model - a training chain which passes from professional to paraprofessional to mother. Each link in the chain uses the same techniques of adult education.

(4) A Multiple-Disciplinary Educational Experience in Parenting and Related Supportive Services - focusing on stimulating parents' self development, presenting information about child development, offering supportive services and opportunities for parent leadership.

Before describing each model element in detail, a brief description of the program is given to allow the reader to attach greater meaning to the discussion that follows.

A Brief Overview of the Program

Mothers and their children come to the Center two mornings a week. They arrive at 9:30 in the morning and leave at 12:30. On the first day of the week, the mothers spend one hour in the Child Development Discussion Group and two hours in the Parent-Child Laboratory. In the Lab, the mothers engage in games and other learning activities with their children. The focus of the second day of the week is on a variety of more adult-oriented activities.

These include Maternal and Child Health Education, Social Development, The Toy Workshop, Home Economics and Arts and Crafts.

There is a full-time Social Worker and Nurse on the staff to help mothers make better use of available community resources.

The parent education sessions are delivered by paraprofessional educators who are from the same community and cultural background as the parents. The educators received continuous in-service training in preparation for delivering the sessions to mothers. Every afternoon, after the mothers leave, the educators are involved in training sessions.

MODEL FEATURE 1: A COMMUNITY-BASED STAFF

The New Orleans PCDC educational and supportive services are delivered primarily by a staff of program-trained paraprofessional educators from the same community as the participating mothers. The basic criterion for selecting educators is similarity of their background and cultural experience with that of the program's mothers. By design, educators do not have prior professional or semi-professional training in child development or education, although they are expected to have demonstrated certain fundamental skills in working with adults and children in a helping capacity. Usually this means they have had experience with community organizations, church, school or even day care programs.

In addition to the educators, a professional staff, including a nurse, social worker, educational coordinator, assistant educational coordinator, administrative assistant, and a director, complete the staff of the program. The professional staff is primarily responsible for conducting pre-service paraprofessional training and for the in-service training and staff development, which parallels the mothers' educational program. They continuously supervise the educators and, when necessary, provide direct support and assistance to mothers to supplement the educator-led group sessions. While the professional staff is always available to both educators and mothers, they remain as much as possible in the background as resources and facilitators of the on-going interactions between parents and educators. Since professionals

constitute less than one-third of the total program staff, the bulk of the training and delivery of information is under educators' direction.

Rationale for use of Paraprofessionals as Educators:

The primary use of paraprofessional educators differentiates the New Orleans model from many other parent education models and programs. There are several critical reasons for the use of paraprofessionals in the New Orleans model:

(1) Paraprofessionals and Parents as Partners

The aim of the PCDC model is to enhance mother's perceived self-esteem as well as her competence. The teacher-student relationship is not one of equality, and would not be conducive to enhancing mothers' feelings about themselves. The use of peer paraprofessional educators, rather than professionals, maximizes the possibility of a reciprocal relationship between educator and parent, one in which the parents will have equal status. Educators are expected to bring to this relationship with the parents their program training; parents are expected to participate and provide feedback to educators. This equal, reciprocal relationship seems most likely to enhance maternal self-esteem, in contrast to a model in which the mother is of greatly lower educational status, and is only a passive recipient of knowledge.

Additionally, teacher-student roles, reminiscent of school and complete with well-defined status relationships and barriers between students and teachers, could interfere with the mother's learning. Mothers could become

excessively dependent on higher status educators for problem solving, discouraging the development of the mother's own independence and skills. Status discrepancies could also contribute to parental rebellion and eventual rejection of the suggestions and resources the program tries to offer.

When PCDC trained peer educators conduct the major training sessions, there is less likelihood that these roles of giver-receiver or teacher-student will develop. Mothers may occasionally see the "peer" educators as being too distant or as using their educator status to "put them down," but by alerting educators to this possibility, and by providing training and skills to counter potential distancing, this can usually be changed or avoided.

Eventually, the professionals associated with the program also build a basis for exchange with mothers through their informal and supportive contacts. However, when the primary responsibility for teaching is in the hands of peer educators, it is far less likely that initial status disparities will interfere with the mothers' learning and development.

(2) Paraprofessionals and Parents in a Relationship of Mutual Trust, Support and Understanding

Our concept of parent education, with its emphasis on mutual learning processes and relationship-building, assumes a level of intimacy and basic trust which is extremely difficult to obtain unless the relationship between mothers and their educators is open and equal. A peer, from the mother's community, with shared ties and experiences, will be in the best

possible position to be quickly accepted and trusted by mothers. Two of the program's most important methods of changing behavior and transmitting information to mothers are modeling and group process. The effectiveness of these techniques depends upon the quality and perception of the relationship between the parents and the paraprofessional educators.

(a.) Educators as Models

Successful modeling for behavior change requires learners to identify with a behavioral model and begin to incorporate new actions into their own behavior repetroire. The process of learning through identification is not only key to the mothers' learning, but it is a primary mechanism of children's social learning as well. Clearly, mothers are more able to identify with and willing to model the behavior of educators from their own neighborhood who look and act like they do. In the same way, educators are also indirect but positive models for the children of the target families.

(b). Educators as Group Process Leaders

The success of the group process method is also partly contingent on the educator's community-base. The leader in successful parent group process is neither dominating and authoritarian nor passive. The leader must be a supporting, helping person who guides the group toward a deeper understanding of past experience and the exploration of new knowledge. Parent group

leaders need to be well aware of the special needs of the parents and the ways in which economic and social pressures complicate child-rearing. Community-based educators are in a unique position of understanding of and empathy with the parents.

(3.) Paraprofessionals as Interpreters

The life experiences which mothers and educators share place the educators in a far better position than college students or professionals to make the curriculum content meaningful to mothers. Educators from the community know mother's feelings and insecurities, and they understand the realities of mothers' lives in a more intimate way than can someone removed from the circumstances. This heightened sensitivity enables educators to give explanations with more credibility and to structure situations which more directly and immediately respond to mothers' needs. They restate information and parenting practices in terms and examples which are more comprehensible, useable, and therefore, meaningful for mothers. They also interpret mothers' questions and needs to the professional staff so the program can be continuously meeting real needs. In this way, a two-way flow of information is created. Curriculum modifications are made as a result of this two-way flow of information.

(4.) Paraprofessionals as Models of Success

Another reason for the determination to have neighborhood representatives deliver the major program services is to provide mothers

with positive evidence that people like themselves can realize positions of power and influence in the community. It is hoped that the mothers' behavior will be positively affected by a growing recognition that opportunities for position and prestige are available in society at large for people from backgrounds and circumstances similar to their own. Thus, parent educators represent immediate and accessible models of achievement for program mothers. Like the mothers, educators began poor and minimally educated, but they were able to find a meaningful job and carve a niche for themselves. Through continuing regular contacts with educators, mothers begin to consider possibilities for themselves which may not have occurred to them had they been primarily trained by professionals whose achievements are easily attributed to inherent differences and discounted as inaccessible for mothers.

(5.) Educators as Advocates

The educators become staunch advocates for participating mothers and their families. They are sensitive to mothers' problems and complaints, and they often use these as starting points for putting pressure on social institutions which are particularly nonresponsive to the mothers' needs. Having educators in a pivotal place in the Center's service network helps increase the mothers' sense of potential efficacy in coping with their own problems in the future.

(6.) Educators as Community Members

It is hoped that some of the goals, attitudes, and information of the PCDC program are communicated beyond the mothers and children

who are the direct recipients. The paraprofessional educators often become respected neighborhod resources to whom many mothers turn for child-rearing advice.

Conclusion:

The paraprofessional educator model which the New Orleans PCDC uses is an effective tool for parent education. Identification, modeling, and effective group process are facilitated. The curriculum is interpreted to mothers in their own language, and within the context of common experience. Mothers' needs are more likely to be conveyed to program professionals.

Finally, the use of community educators makes the model more generalizable to different communities and populations, since the major interpreters are indigenous to the parent group served.

Certainly the use of paraprofessional educators to implement the Center's curriculum has its disadvantages as well. It is a cumbersome model, requiring careful training, supervision and planning, with much attention to personal needs and many interpersonal relationships. The educator training is a continuous on-the-job process and every afternoon is used for this purpose. While, after a period of some years, the in-service training needs will decrease, continuing education for staff will always be a part of the model.

However, the common community-base of the program stimulates an enduring and intensive relationship between educators and mothers which, in turn, enhances the group's commitment to the common goal of caring for children and over-seeing their development and growth toward their full potential.

MODEL FEATURE 2: A SUPPORTIVE ATMOSPHERE FOR ADULT LEARNING

The supportive atmosphere for adult learning is produced by the development of helping relationships and the use of teaching techniques and methods which support and foster these relationships. The main characteristics of the educational process employed by the New Orleans PCDC are rooted in the helping relationships established by the staff with the mothers, the children, and with each other. The techniques and methods of parent/adult learning are consistent with and support these helping relationships as they develop. The educational process, and the teaching techniques together describe the New Orleans PCDC model of adult education.

A. The Process of Helping Relationships

The approach follows a concept of learning as a two-way process involving all participants in an on-going and open exchange (Combs, 1974, Rogers, 1961). Contrary to the traditional adult teaching model, this two-way process gives parents a more equal status, rather than a lower receiver status. Parents are expected to give one another support, and to provide feedback about themselves, their children, and their special needs and attitudes as part of the educational process.

At the base of this two-way process of learning is the helping relationship. The helping relationship occurs when "one of the participants intends that there should come about, in one or both participants, more appreciation of, more expression of, more functional use of latent, inner resources of the individual" (Rogers, 1961). The notion is that if parents

receive the help they need from the educators, they will pass it on to their children, and to other community members not directly affected by the program. The exchange element is the key to the successful implementation of this process.

In practice, this means that all program participants -- all PCDC staff, mothers and children play active and critical roles based upon mutual respect for one another's contributions, and awareness that each interpersonal interaction, no matter how trivial, carries with it consequences for each participants' feelings of self-determination and self-confidence.

Relationship building is the first and the continuing focus of each of the program components. Content-oriented curriculum is only introduced after supportive relationships have begun to develop. Curriculum content in all components is not only open and flexible, it requires the mutual participation of both staff and parents in order to be fully presented and explicated. For example, in one part of the program, the Child Development Discussion Group, educators present alternatives for behaviors which they would like mothers to utilize in their interactions with their children. Mothers reinforce and extend the presentation by providing additional examples and ideas from their own experiences.

In some cases, mothers may disagree individually, or as a group, with each other or with the educator, and are encouraged to argue their position, examining and analyzing their own behavior and their children's reflecting

on its meaning, and drawing their own conclusions. The mothers help and support each other. Educators must use their skills to further a cooperative group spirit and stimulate group interaction. Mothers are often able to validate their own behavior through this interaction with other group members. The outcome is a more meaningful experience which has been created as part of a dynamic and reciprocal group process.

This process is only workable when prior mutual respect and concern are present, and when both sets of participants understand their responsibilities and roles. The mother's role is to participate actively, openly and honestly, and to utilize their right to make their own enlightened decisions about how to conduct their own lives and direct their children's development. This is a new role for mothers, and is better learned and appreciated as the program progresses.

The educator's role is one for which they also may not have had a model from their own learning or educational experience. Educators are trained to facilitate the development of supportive relationships. Educators try to establish an emotional climate and tone within each session to set the atmosphere and foster the kind of exchange that allows the learning process to take place.

Respect for the mothers' feelings, ideas, beliefs, as well as, the choices mothers make in relation to their children,is crucial to the process.

It is the right of mothers to make their own decisions relative to their lives and the lives of their children. Without violating this spirit of acceptance and respect, the educator can present different and often new points of view for mothers to consider and adopt if they wish.

Educators are trained to present these different points of view and to illustrate, for example, that punishing a child for toilet accidents does not necessarily lead to more independently trained children, while it may indeed lead to other negative aspects of development. An assumption that could be made by the reader at this point, is that to present a different point of view means that the educator tells the mothers "what to do and what not to do". That type of didactic teaching technique is not prescribed in any treatment element, and has no place in the New Orleans PCDC Model. Rather, the educator is trained to raise issues and questions completely within the context of an accepting, supportive relationship.

B. Techniques and Methods Which Support Adult Learning

The specific teaching techniques and methods which are used in the New Orleans Model of parent education are dictated both by the content and the context of the supportive relationships. A wide-range of techniques are used because the model includes so many different kinds of content (child development, health, home economics, etc.) and because several general approaches to education are used (one-to-one, one-to-group, and group process).

Setting:

The setting and materials used play an important role in building an atmosphere for adult learning. The Center program is located in a setting which is close to the community in which the mothers live. The materials used in the various sessions, as well as most of the equipment, are easily obtainable for mothers to use in their own home.

Grouping:

Placement of the mothers in groups also facilitates the relationship-building processes characteristic of the model. Small groups of approximately 15 mothers with same age children begin the program together. These mother groups remain together, except for attrition throughout the mother's tenure in the program. This fosters a group cohesion which is extremely important. The mothers in the group develop relationships which sometimes extend beyond the program.

Sequencing - Pacing of Information:

The sequencing of the information presented and the decisions on daily session content are important in determining the effectiveness of the program for parents. Small bits of information are presented at one time so that the mother is not overloaded with information, and there is time to adequately discuss, examine and assimilate new ideas.

Sessions are content-oriented but are flexible enough that individuals'

immediate needs or important community events can be incorporated into the program. There is no concern on the part of the educators of a certain amount of material to be covered each time. Often educators spend several sessions on one small topic when the group becomes interested and involved.

General Teaching Strategies:

The specific teaching strategies depend upon whether the session is conducted with a one-to-one approach (Parent-Child Labs), a one to group (Health Education, Toy Workshop, Special Lectures, Field Trips, Arts and Crafts, Home Economics), or a group process approach (Child Development Discussion Group, Social Development and the Parent Advisory Committee). The most important principle is that the specific techniques used in any grouping not be didactic. Educators are trained to offer suggestions, ask questions, encourage the group or other individuals to state their feelings, or even state their own feelings, but not to tell the mother that she is wrong or that she shouldn't do something.

Role Play:

One teaching strategy employed by educators in the Child Development Groups and the Lab is role-playing. Mothers are asked to simulate mother-child interactions as they relate particularly to management techniques. They role-play parental reactions in such situations as when a young toddler turns over the mop pail when his mother turned around to answer the telephone. Methods such as discussion and role-playing a wide-variety of management situations will enhance mothers' ability to cope with their children. Great

care is taken to provide experiences which approximate as close as possible the mothers' own home situation, even when these situations are simulated as in the Child Development Discussion Groups.

Repetition:

Many of the same themes are played and replayed in different ways in the different sessions. Repetition is provided because it is felt that adult learning and subsequent behavior change does not come about without consistent information presented in a variety of ways throughout the three year period of time.

Positive Reinforcement:

Positive reinforcement is another essential strategy employed by educators with all their transactions with mothers. Educators are trained to use this technique when providing mothers with immediate feedback just as mothers are encouraged to use positive reinforcement with their children.

Demonstration:

The Educators demonstrate to mothers a wide-range of activities which vary in focus from enhancing the quality of the mother-child interaction along with increasing child-competence on a number of dimensions to how to feed or bathe the infant, to how to make paper flowers or gumbo. Mothers then practice or try out these activities with their children when appropriate

and are able to build a large repetoire of age-appropriate interactions which have meaningful consequences for mother and child.

Modeling and Observational Learning:

Parents are given the opportunity to learn through observing educators modeling adult-child interaction styles. Modeling can be an extremely powerful tool for changing attitudes and techniques. It is most influential when the models are perceived as someone the observer can identify with and see themselves as similar to. Social learning theorists report that persons observing a model usually takes on "chunks" of behavior segments in entirety, rather than discrete independent responses. Educators model attitudes and practices in child care throughout the day that they hope mothers will imitate. For example, household pots and pans are kept low on shelves for crawling, exploring infants. Homemade crib exercisers are placed in the cribs.

Great emphasis is placed on educators modeling the behaviors and attitudes mothers are encouraged to adopt. However, educators do not tell mothers what to do or not to do with their children. Alternate strategies are demonstrated; mothers are encouraged to validate for themselves what they have observed. The modeling takes place as educators demonstrate activities with the children; then, the mother is encouraged to imitate the model. Demonstrations include reading books to children, allowing them to handle books or playing ball; then parents are encouraged to work with their own child in this activity. The educator works individually, and in small groups, with mothers to expand and reinforce their techniques.

In sum, the New Orleans model of adult education employs processes and techniques which can be considered basically humanistic. Parents learn best in a supportive self respecting relationship which allows them to be actively involved in the learning process.

MODEL FEATURE 3: THE TRAINING MODEL

One of the unique features of the New Orleans Model is the almost total use of paraprofessionals to directly interact with the mothers. As a result of the heavy use of paraprofessionals, there is a need to conduct continuing inservice staff development throughout the life of the program. The term, training model, refers to the inservice staff development, and has several distinguishing characteristics:

A. Parallel Training for Educators and Mothers

Since the educators begin with essentially the same background as the mothers and little or no formal training, their early training parallels that of the mothers in both form and substance, including parallel sets of training materials. One-half of the working hours of the week are spent training the educators and the remaining half with the educators training the mothers.

The same techniques, process and model of adult education used in training the mothers is used in training the educators. The process is one of establishing helping, supportive relationships, superimposed over specific content. The essence of the training process is that the professional and paraprofessional staff are partners in a shared undertaking, just as paraprofessionals and mothers are partners in a shared undertaking. The training process is one of setting both content and process goals, solving specific problems, attaining mutual insights, evaluating approaches and outcomes, defining and refining attitudes and values.

The child development content is basically the same as for the mothers, except that the educators receive a greater depth of information and greater intensity. The basic content includes: child development theory and practice, maternal and child health, early childhood education principles and practice, social development and use of community resources, and all of the adult education methods the educators will use with parents, including role-play and modeling techniques, group discussion techniques, etc.

Further, the methods used to present the content are as close as possible to the way the educators will present it to the mothers the next week. For example, the content of the week in the Child Development Discussion Group is presented by the professional Educational Coordinator to the group of educators. In essence, the Educational Coordinator is modeling for the educators who are role-playing the mothers. The same non-didactic methods are used - questioning, suggestions, drawing conclusions out of the group, rephrasing educators' comments, giving alternatives - all within the context of mutual respect for each other's opinions and an open and supportive two-way process. There is very little lecture or direct presentation of large amounts of material.

The educators frequently role-play the same situations as the mothers. They participate in the same demonstrations, and practice, as the mothers. Before each program week begins, the educators role-play their own sessions with each other. One result of the role-playing and discussion of the sessions

by the educators is that often new examples or questions are generated which are incorporated into the curriculum. This interactional training process results in some alterations in the specific program curriculum content, but these changes are likely to make the program more applicable and meaningful to the mothers as it will be altered to better apply to the characteristics of their lives and their community.

The educators discuss problems that came up in the sessions and discuss ways to solve them in the group, in weekly team meetings, and in one-to-one conferences with their supervisor. If the problems are specifically related to a content area, like health, then the Nurse joins the debriefing sessions.

B. Training Model is Developmental

The training of the educators is a developmental process since the training is paced and sequenced with the mothers. It takes 3 years to complete training on the entire program content. The content is sequenced such that it is developmentally appropriate for the age of the children.

The educators' training is developmental in a second sense. At the beginning, they are relatively unskilled in group techniques, child care, etc., and don't have much additional information to supplement the session. After a couple of years, they become increasingly skilled. This has implications both for the quality of program that successive waves of mothers receive, and the title of "para" professional. Pilot waves of mothers interact with very inexperienced educators. However, the training

is so indepth that after a few years, the educators are truly as skilled as most professional educators.

A career ladder and a supplemental staff development program is built into the training model after the first several months. Educators are encouraged to continue their personal growth through courses at community colleges, universities, workshops, and special lectures sponsored by community groups.

It is worth noting that the staff and career development has been so successful that five women, hired as paraprofessionals, are now supervisory staff, and a number of others have done college work.

MODEL FEATURE 4: MULTI-DISCIPLINARY EDUCATIONAL EXPERIENCES FOR PARENTS

The New Orleans PCDC Model departs from most previous parent education programs in the breadth and type of educational experiences and services it provides.

It is part of the model that the parent must be offered a multi-element program which is addressed to her multiple, complex, and interrelated parenting and adult needs. The content of the program can vary considerably depending on different parent populations. However, the content must always encompass significant, multiple areas of parenting and adult problems simultaneously.

The assumption underlying this essential feature is that multiple pressing problems require multiple support systems. Further, providing a mother with support in only one area will have little or no overall impact on her parenting abilities. The program must provide a critical mass of information and support for new attitudes and behaviors in order to be effective.

The model specifies two general areas of educational experiences which must be provided for mothers: the Child Development Component and the Parent Development Component. The model does not detail the number of content of the educational elements within each component, but does specify principles and goals from which the program elements were derived. (See following section on program.)

The first goal for mothers of the New Orleans Model is to enhance the mothers' parenting abilities. This goal encompasses increasing the mothers' knowledge about child development, supporting her perception of herself as having a significant role in her child's life, and increasing positive maternal interaction behaviors. (See pp 36-38 for more specific detailing of the goals.) The specific child development curriculum can and does change with the changing needs of each new group of mothers. Emphases in the curriculum can vary, and sequencing can vary, as long as it remains developmental, and emphasizes maternal behaviors which effect child competence. The child development component has to be delivered by peer group paraprofessionals using supportive techniques for adult learning, but these also can greatly vary.

The second goal of the New Orleans Model is to increase mothers' sense of competence and mastery over their environment, including information, attitudes, and behavior. This goal is potentially more flexible than the parenting goal. Increasing the mother's sense of competence and mastery over her environment has to be done utilizing the staff and adult education methods described previously. However, beyond this framework, a richly varied curriculum is possible depending on the nature of the perceived needs of the parent population.

The philosophy of the adult development component is that what a mother learns or does from how to use community resources to basic nutrition - affects directly or indirectly how she feels about herself and how she functions in

her environment on a daily basis. How she feels about herself directly or indirectly affects the parenting environment she provides for her child. A definite requirement of the model is that every effort be made to call upon and use available community resources in the program implementation of both components.

The Services Provided:

In response to the many real pressures which low-income parents and their children face, the model includes Family Health Care and Family Social Service Counseling. The exact services provided are determined by the availability of community resources and an assessment of parents' needs. In the New Orleans program, services are delivered directly by the professional Nurse and Social Worker, but this might not be necessary in another kind of setting. In New Orleans, every effort is made to educate parents as well as to give service at the same time, with particular emphasis on use of available community resources and preventive health care. Although the specific services offered can vary with the needs of parent population, it is a critical aspect of the New Orleans Model that all services offered should also educate parents in the utilization of that service, in order to increase parents' independence.

The Parent Advisory Committee:

It was noted earlier that low-income parents are often denied meaningful control over their environment. Although the New Orleans Model is not a parent planned and operated program, it is a flexible model aimed at meeting

parents' needs individually and as a group. All of the program parents are automatically Parent Advisory Committee (PAC) members. The PAC functions as a feedback mechanism to the staff about the parents' feelings, needs and wishes. The major educational focus of the PAC is to provide parents with experience in leadership and group participation which is an integral part of the program.

IMPLEMENTATION OF THE CENTER PROGRAM

The New Orleans Model is sufficiently general to permit a variety of possible program implementations. The implementation of the Center program is the result of an interaction between situational factors and the model and goals. Situational factors included such things as the special needs of the population of mothers served, the available community resources, building and space constraints, and the staff who shaped the program through daily decisions.

The decisions made on many of these situation-specific factors were guided by the goals and the general principles of the Model. During the early days of program implementation, there were a number of changes in the program. However, the four underlying features of the Model did not change. The changes in the program were the result of a continuing process of striving to better implement the goals and the Model.

This evolutionary process involved changes in the staffing patterns of the professional or supervisory staff, adding, changing, subtracting different kinds of program components, changing the intensity or number of hours for various components, or the hours and the days the mothers attended the program.

A major implication of the evolution of the program is that in the early

formative years, the program did not have the strength it had in later years. Training the paraprofessional staff was a slow and demanding process. They were sufficiently well-trained by the end of the second year to make substantial contributions to the quality of the program, but over the six years of the program they have continued to gain confidence and a wealth of background knowledge on which to draw. As the staff's perception of the Model was clarified, and logistical problems solved, (transportation, etc.) the curricula for the components also underwent change and growth. The full development of effective curricula for so many different components took fully five years. Because of the evolution of the program and program quality, the program received by the first group of mothers, the pilot wave, was not as comprehensive, intense, or well-developed as that received by subsequent waves.

The following section discusses some of the decisions which shaped the program, and in particular, how the Model features were implemented. Additionally, over the five years, the program was documented by written procedural Manuals for operating the various components, an Administrative Manual on program coordination and logistics, written curriculum materials for the mothers and children, and the parallel training materials for the educators. These program materials (documentation) will be briefly described in the last section.

A. How The Model Features Were Implemented

1. Physical Facility

The Center facility is located in the heart of the Central City, the PCDC target area. The building is an old nurse's dormitory which was converted for the program. The rooms are small and crowded and the building is old and inadequate in many ways. However, it is a visible part of the community and is accessible to the mothers and children.

2. Age of Intervention

It was decided that the Center program should begin to reach mothers as shortly after the target child's birth as possible. This would create maximum program impact, helping the mother develop positive strategies with her child from the very beginning.

3. Schedule

The mothers and their infants attend the Center six hours per week for three years. The program operates year round with the exception of major holidays. The choice of two three-hour sessions a week was influenced by several factors. The small size of the building demanded that the first wave of mothers be divided into two groups, each attending the Center twice a week. It was also felt that the participation time required be realistically attuned to the schedule of a young mother, as well as to children's schedules. Two three-hour morning sessions were thus scheduled for each group of mothers. Finally, because of the requirements of the training model for paraprofessionals, it was necessary to set

aside 3 - 4 hours per day for training.

4. Staffing Pattern

The full staff includes a Director, Administrative Assistant, Educational Coordinator (with early childhood professional training), Assistant Education Coordinator, Social Service Coordinator (a social worker), and a Health Coordinator (a Registered Nurse). The complete job descriptions and requirements are included in the Appendix. The staffing pattern reflects early program decisions on the kinds of professional staff most needed to guide the implementation of the model.

The current number of paraprofessional educators is based on a total of 60 mother-child pairs in the Center, and was decided on the basis of early program experience with several mother-educator ratios. Fourteen educators are grouped into four basic job roles:

Parent-Child Lab Educators	- 9 Educators
Child Development Discussion Group	- 1 Educator
Parent Activities Educators	- 3 Educators
Media Specialist	- 1 Educator

5. Implementing the Community-Based Staff

The educators are women who, for the most part, were born and raised in New Orleans. Many of them live in the Central City area. They are Black women who range in age from mature grandmothers to young women, and in educational background from high school drop-outs to some with college work. They were selected through an unusual and rigorous series

of panel interviews. Many of these women were leaders in their churches and other community organizations, but none of them had any prior formal training in education or child development.

In the seven years since they were hired, most of the educators have become deeply committed to the PCDC philosophy. Early conceptualizations of the New Orleans Model included a role for paraprofessional educators. The immediate response by the educators to their roles further encouraged the development of the core of the New Orleans Model to be the major use of paraprofessional educators.

6. Implementing the Multi-disciplinary Experience and Support in Parenting

The model specified two general areas of emphasis, Child Development and Parent Development. These evolved into three major program components: the Child Development Component, the Parent Development Component, and Supportive Services. Each component was structured to help reach the goals of the model.

Child Development Component

The Child Development Component is designed so that parents can acquire content knowledge about their children's developmental and changing needs, so that they can apply this information in their daily interactions with their children. (The general view of the child's development underlying this component is broadly outlined in the previous section, "Maternal Behaviors which Enhance Child Competence.") It is hoped that the educational experiences provided in the Child Development Component will allow mothers

to recognize the significance of their roles as parents and learn how their parenting contributes positively to their children's development. The Child Development Component has two elements: The Child Development Discussion Group and the Parent Child Laboratory. Parents usually attend both on the same program day for continuity.

a. Child Development Discussion Group

(1) Purpose: To give mothers basic information on child development, such as the developmental stages of growth, language acquisition, cognitive abilities and social and personality development.

(2) Intensity: One hour of the six hours per week is spent in the Discussion Group.

(3) Staffing Pattern: An educator guides the discussion with small groups of 10 to 15 mothers. The groups stay together for their full 3 years in the program.

(4) Supportive Context for Learning: The assumptions made earlier about how to structure an educative process which would be most effective with low-income parents pointed to the use of a small discussion group format to impart this information. This seemed the best vehicle to present new information in a way in which mothers could assimilate it and make it most meaningful to their own everyday experiences. The group discussion technique is most

effective if the mothers actively participate and contribute. The educator takes care to draw out from the group their ideas, feelings, and experience.

The model assumes the group process is heightened because the leader is a community-based paraprofessional, because she can interpret the new information in mother's language and value system as well as remain ultimately aware of and sensitive to the mothers' needs. The group situation provides mutual support and encouragment for the mothers.

(5) Curriculum: The content of the discussion groups is a function of the dynamic interplay between the parents' specific needs and the developmentally sequenced child development information. The focus is on the basic process of cognitive and socio-emotional development in infants and young children and structuring environment to facilitate development. Three volumes of discussion group lessons have been prepared. The sequencing is reviewed by the educator and her supervisor each week to meet the groups' various levels and needs.

b. The Parent-Child Laboratory:

(1) Purpose: To allow parents the opportunity to observe and practice some specific ways they can enhance their child's development.

(2) Intensity: Mothers and their children attend the Lab two of the six hours per week.

(3) Staffing Pattern: There is a lab for each of three different age ranges of children. In practice, this means once the program has been operating a while, there will be an Infant Lab (age 2 months to 1 year), a Toddler Lab (age 1 to 2 years), and a Pre-Nursery Lab (age 2 to 3 years). There is also a modified Pre-School program for nursery-school age siblings of the target child. (This is for the convenience of the mother, who might not be able to participate if she has other children at home. The siblings come to the Center with the mother and attend the pre-school program on those days). Each Lab is staffed by two educators. Therefore, a total of 8 educators and 1 floater for absentees is required. The educators are assigned to a particular group and room. However, over the year, they revolve through the positions. The parents are in the Lab with their children 2 hours; however, the children are there with the educators all 6 hours that the parent attend the Center each week.

(4) Supportive Context for Learning: The Parent-Child Laboratory is coordinated with the Child Development Discussion Group so as to reinforce the content by furnishing the opportunity to observe the developmental stages and behaviors discussed and

to discuss additional content on the same or similar topics. The discussions in the Lab are characterized by a slightly different process then that of the Child Development Discussion Group. In each Lab, the paraprofessional educators do a great deal of one-to-one discussions with mothers as situations present themselves. They may also stimulate a total group discussion depending on the situation.

The major focus of the Parent-Child Lab, however, is on the more structured specific activities, games and toys that mothers can do with their own children. The primary intent is that the parents and children enjoy the interaction. It was felt that even adults learn best when given concrete examples that illustrate specific mother-child interaction behavior. Further, new behaviors are best learned when they are modeled, demonstrated, and parents are afforded the opportunity to practice them.

The model assumes that the techniques of modeling and demonstration are more effective because the models are community-based women, with whom the mothers can easily identify. The educators generally serve as models for quality child care and interaction at all times in the Lab.

(5) Curriculum: A set of developmentally sequenced activities focused on visual, motor, auditory and kinesthetic experiences. The Karnes[1] Curriculum 0 - 18 months and 18 - 36 months provide the structured activities. The discussion group content is also continued in the Lab

Parent Development Component

The Parent Development Component consists of a set of elements designed to provide mothers with a growing sense of personal competency and mastery over their environment which will be reflected in the way they structure their child's environment. There are three major parts of the Parent Development Component: Maternal and Child Health Education; Social Development Education; and Parent Activities and Home Resources Education.

a. Maternal and Child Health Education

(1) Purpose: This element provides the mother with basic information and skills in preventive health care and nutrition for herself and her children.

(2) Intensity: The scheduling of this component is flexible. A minimum of 1 hour per week is shared with Social Development.

(3) Staffing Pattern: The staff R.N. delivers the curriculum to the mothers herself, although, the educators are also trained to recognize and discuss health issues with the mothers.

[1]Karnes curriculum is copyrighted by Dr. Merle B. Karnes, Univ. of Illinois.

(4) Supportive Context for Learning: The health sessions are delivered in a variety of settings depending on the content. Usually, the regular small groups of mothers meet with the Nurse. Occasionally the Nurse meets with the mothers in the Lab. Basically, the same group discussion techniques are utilized with frequent demonstrations.

(5) Curriculum: A comprehensive developmentally sequenced curriculum focuses on preventative health care, utilizing community health resources and maternal health issues.

b. Social Development:

(1) Purpose: To increase the mothers' awareness of the existing resources in the community and how they can use them to their best advantage, and to developing skills in relating to others in a group.

(2) Intensity: A minimum of one hour per week is shared with Health Education.

(3) Staffing Pattern: The social development curriculum is delivered by the trained social worker on the staff to the regular groups of mothers.

(4) Supportive Context for Learning: The small "rap group" discussion format is used by the social worker. The sessions are generally characterized by informal and often in-depth exploration of parents' feelings and concerns.

(5) Curriculum: The curriculum content ranges from understanding oneself to how to use available community resources.

c. Parent Activities and Home Resource Education:

(1) Purpose: To help mothers gain practical knowledge and skills and to increase their sense of mastery over their environment.

(2) Intensity: An average of 2 hours of the 6 hours per week are spent in parent activities.

(3) Staffing Pattern: Three educators who offer a variety of activities and help plan field trips, etc.

(4) Supportive Context for Learning: In keeping with the Model, all relationships are two-way relationships, the essential feature of this treatment element is its responsiveness to the parents' interest and needs. The paraprofessional staff is flexible and plan activities around expressed parent interests. Staff are also trained to take maximum advantage of opportunities for supporting parent interests which lead to activities which would give mothers special feelings of mastery, and also be especially useful. An example is a parent-run food co-op. The parents also participate in a number of

informal group relationships through the parent activities sessions, including leadership training and planning of activities.

(5) Curriculum: A large variety of activities are planned around parents' interests. Only one part of the curriculum is packaged - the Toy Workshop Curriculum, in which mothers make and use inexpensive toys and books to use at home. Other content areas include: sewing, knowledge about nutrition, food purchasing and cooking. Field trips and community involvement activities are enjoyable, but also increase parents' familiarity with the structure of their community.

Supportive Services

The specific health and social services offered are determined by an assessment of the mothers' and children's needs. The Center Nurse is an R.N., and is present at the Center full-time to provide well-baby care, answer mothers' questions both in person and by phone, and to provide referrals to physicians for sick children. Health is a priority in the target community, and the existing health care provisions for low-income families are felt by most mothers to be inadequate. The presence of a full time R.N. in the Center is a major support for the mothers.

Another priority in the target community is the necessity for help with a number of complicated social problems, including relationships with

community social agencies. Mothers receive this help through the presence of a full-time M.S.W.

While the Nurse and Social Worker's services are often necessary and always readily available to the mothers, program emphasis is on helping mothers become independent whenever possible. Professionals help mothers solve many health and social service problems in such a way that mothers become more able to cope with these problems themselves in the future. This is done both through the parent development curriculum (above), and through one-to-one staff-mother relationships.

Every week, all the various components are coordinated into a schedule of program activities. Chart 1 gives a sample of the first month's schedules of program activities.

B. Program Documentation

Probably the most difficult task of the first five years was that of documenting the program. There were two major reasons for the extensive documentation. First, as evaluation of program effects on mothers and babies was being carried out, it was necessary to document the independent variable, or program. Second, documentation was important for subsequent attempts to replicate the programs. The complete list of program documents can be found in Appendix C- along with samples of various curricula.

CHART 1: SCHEDULE OF PROGRAM ACTIVITIES

CHILD DEVELOPMENT COMPONENT — MOTHER'S CURRICULUM — PARENT DEVELOPMENT COMPONENT

	Child Development Discussion Group	Parent-Child Laboratories	Health Education	Social Development	Toy Workshop	Arts and Crafts	Cooking & Sewing	Other
WEEK 1	Getting Acquainted	"Getting to know you" K-1 Special moments with your newborn K-2 Visual stimulation: Room decoration			Making a crib mobile	Crepe Paper Flowers		
WEEK 2	Getting Acquainted	K-3 Visual stimulation: moving objects K-4 Getting to know each other K-5 Body exercises: relaxing the entire body	Orientation to Health Services		Making a crib mobile	Crepe Paper Flowers		
WEEK 3	Parents have mixed feelings about what it means to be a parent	K-6 Body exercises: arm and hand K-8 Grasping exercise K-10 Kissin' and smilin' time	Formulas and Sterilization (Demonstration)		Making a cradle gym			Orientation: What is the PCDC
WEEK 4	Your baby learns what to expect from life by how you respond to his crying	K-9 Holding a rattle K-10 Kissin' and smiling' time K-11 Watching dancing toys	Feeding an infant (Demonstration)	Orientation to the PCDC Buying Club	Making a cradle gym			Orientation: Why a PCDC

The documents include the overall description of the history of the project, the New Orleans Model and Program, and how to use the set of materials to replicate the program. An Administrative Manual contains the staffing pattern, job descriptions for all staff, requirements for the building and equipment, and all details of program coordination.

There are procedural manuals for the Health Services Component, the Social Services, the Rules and By-Laws of the Parent Advisory Committee, a Community Resource Manual, the Manual for Recruitment Procedures and Forms and the Procedure Manual for the Media Specialist/Process Evaluator.

The curriculum materials for the mothers and children include the Karnes Early Language Activities and the Lab Manual, the Child Development Discussion Group Curriculum for three years, the Health Education Curriculum and the Social Development Curriculum. There is a parallel set of training materials for use in training the Educators and supplemental training plans and materials.

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